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CONFIRMATION NO. 5654

<b>SERIAL NUMBER</b> 10/680,358	<b>FILING OR 371(c) DATE</b> 10/07/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 4002-3426/PC819.00
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/416,908 10/08/2002 *ok new*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none new*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

12/31/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**

52196

**TITLE**

Insertion device and techniques for orthopaedic implants

<b>FILING FEE RECEIVED</b> 1576	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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